

CITY OF LOWELL, MASSACHUSETTS

Bernard Lynch
City Manager

Thomas Moses
Chief Financial Officer



Elizabeth Craveiro
Treasurer

Christine O'Connor
City Solicitor

CITY OF LOWELL
Sale of Tax Titles

(PLEASE TYPE OR PRINT CLEARLY)

All Bidders must furnish the following information:

Name: _____
(Proof of Identification will be required)

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____

(OPTIONAL)

If a Corporation, Limited Liability Entity or Non- Natural person:

Official Name: _____

Name of Authorized Bidder: _____
(Proof of Authorization and Personal identification will be required)

State of Legal Incorporation: _____ Qualified to do Business: Yes _____ No _____
or Organization in Massachusetts

Address of Principal Office: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (_____) _____ - _____ Email: _____

(OPTIONAL)

REGISTERED BIDDERS MUST SUBMIT A BANK OR CASHIER'S CHECK IN THE AMOUNT OF \$10,000.00 MADE PAYABLE TO THE CITY OF LOWELL ALONG WITH THIS REGISTRATION FORM PRIOR TO WEDNESDAY, NOVEMBER 20 AT 3 P.M. TO BE ELIGIBLE TO BID

YOU WILL BE ASSIGNED A BIDDER NUMBER ON THE DAY OF THE AUCTION